



Saskatchewan Baton Twirling Association

Membership Assistance Program

Follow-up Report

(Please print)

Did the project meet the stated purpose? _____

Project Assessment: _____

I hereby certify the above information is correct and factual.

President / Chairperson's Signature

Date

Deadline for submission is October 15, 2009

**** Please attach all receipts verifying expenditures ****

Name of Applicant

Contact Person

Address

City PC

Phone: (H)

(W)

e-mail

ACTUAL PROJECT COST

MAP GRANT RECEIVED \$ _____

REVENUE: _____

SELF HELP:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL REVENUE: \$ _____

EXPENSES: _____

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSES: \$ _____

